



CITY OF RIVERSIDE
BUSINESS TAX APPLICATION

3900 MAIN STREET
RIVERSIDE, CA 92522
(PHONE) 951-826-5465
(FAX) 951-826-2505

GENERAL INFORMATION

OWNER'S NAME (If corporation, use corporate name. If partnership-principal)		DRIVER'S LICENSE NUMBER		STATE	EXPIRATION DATE
BUSINESS NAME (DBA)		DESCRIPTION OF BUSINESS (Be specific)			HOME OCCUPATION: <input type="checkbox"/> Y <input type="checkbox"/> N
<input type="checkbox"/> SOLE OWNER		<input type="checkbox"/> PARTNERSHIP		<input type="checkbox"/> CORPORATION	
<input type="checkbox"/> L.L.P.		<input type="checkbox"/> L.L.C.			
BUSINESS ADDRESS		STREET	CITY	STATE	ZIP
MAILING ADDRESS (if different)		STREET	CITY	STATE	ZIP
RESIDENCE ADDRESS (if different)		STREET	CITY	STATE	ZIP
RIVERSIDE START DATE		FEDERAL TAX ID. NUMBER	SALES TAX (SELLER'S PERMIT) NUMBER	SOCIAL SECURITY NUMBER	BUSINESS E-MAIL
DOES YOUR BUSINESS HAVE A CALIF. STATE LIC? <input type="checkbox"/> Yes <input type="checkbox"/> No		STATE LICENSE NUMBER	CLASSIFICATION(S)	EXPIRATION DATE	
LIST OF PRINCIPLE OFFICER'S OR PARTNER'S NAMES AND ADDRESSES		TITLE		AREA CODE/TELEPHONE	
		TITLE		AREA CODE/TELEPHONE	
		TITLE		AREA CODE/TELEPHONE	

BUSINESS OPERATIONS INFORMATION

RETAIL/WHOLESALE/MANUFACTURING BUSINESS INFORMATION		GENERAL/PROFESSIONAL SERVICES INFORMATION	
Does your business sell to the general public?	<input type="checkbox"/> Y <input type="checkbox"/> N	Does your business provide a professional service? (practice of law, medicine, dentistry, accounting, engineering, Mortuary, hospital, architecture, chemistry, geology etc.) As defined in RMC 5.04.010	<input type="checkbox"/> Y <input type="checkbox"/> N
Is your business wholesale only?	<input type="checkbox"/> Y <input type="checkbox"/> N	Does your business offer massage?	<input type="checkbox"/> Y <input type="checkbox"/> N
Is your business manufacturing only?	<input type="checkbox"/> Y <input type="checkbox"/> N	Are you an Adult Entertainment Business?	<input type="checkbox"/> Y <input type="checkbox"/> N
Is your business automobile sales only?	<input type="checkbox"/> Y <input type="checkbox"/> N	How many employees does your business have working in Riverside? Non-professional? _____ Professional? _____	
Do you operate a food cart/pushcart? If yes, where do you operate? _____	<input type="checkbox"/> Y <input type="checkbox"/> N	HAZARDOUS MATERIALS/MEDICAL WASTE	
Do you plan to sell alcoholic beverages? If yes, ABC License Number: _____	<input type="checkbox"/> Y <input type="checkbox"/> N	Will you use, store, or transport chemicals (new or waste state)?	<input type="checkbox"/> Y <input type="checkbox"/> N
Does your business have amusement machines, video games Vending machines and/or pool tables? How many: _____ Type: _____	<input type="checkbox"/> Y <input type="checkbox"/> N	Will you manage or produce biohazardous materials or waste?	<input type="checkbox"/> Y <input type="checkbox"/> N
What is your first year estimated gross receipts? \$ _____		BUILDING AND FACILITY INFORMATION	
		Do you <input type="checkbox"/> own or <input type="checkbox"/> rent/lease your business property? If rent/lease, who is the property owner? _____	

ACKNOWLEDGEMENT

Payment of this tax does not constitute zoning or building code approval. Check with the Planning Department in order to determine if your business can be legally established at your location. I declare, under penalty of perjury, that I am authorized to complete this application and, that to the best of my knowledge, the provided information and statements are true and correct.

SIGNATURE, OWNER OR AUTHORIZED AGENT _____

DATE _____

PRINT NAME/TITLE _____

FINANCE DEPARTMENT USE ONLY - DO NOT WRITE BELOW THIS LINE

ACCOUNT NUMBER	LOCATION	TYPE	RATE	EXPIRATION DATE	RECEIVED BY	SOURCE	DATE RECEIVED
ID. NO APPLICANT/ CONTACT NO. 	TAX CALCULATION			DETAILS/REMARKS		APPROVALS	
	Base Tax: _____					DEPARTMENT: _____	
	Tax 1: _____					APPROVED BY: _____	
	Tax 2: _____					DATE APPROVED: _____	
	Adjustment: _____					COMMENTS: _____	
	Penalty: _____						
Subtotal: _____							
Imp. Dist: _____							
Total Due: _____							